63	FOR STATE REGIST
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## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE & 6

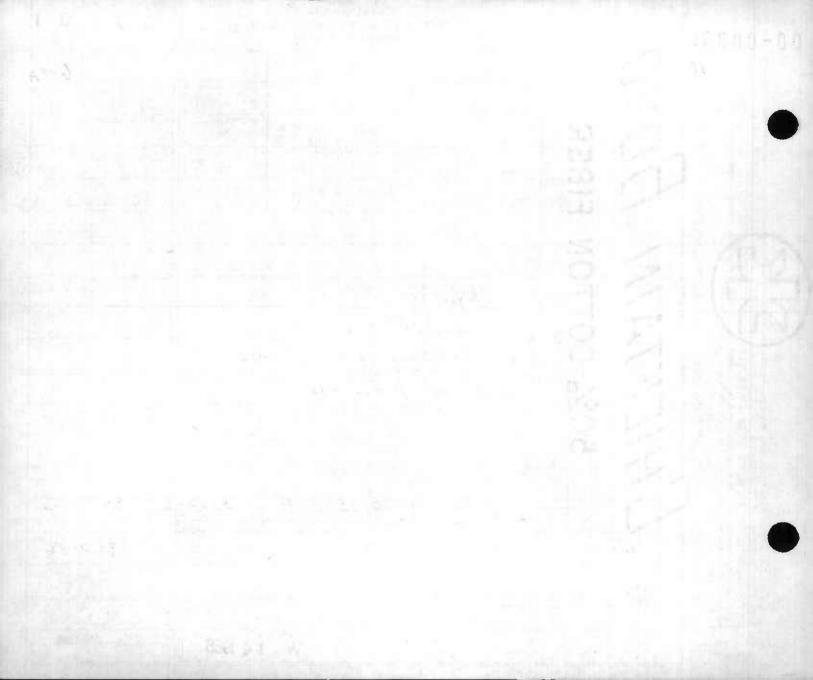
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PRITENDING PHYSICIAN. The law requires that the death cardinate be executed within 24 hours after death. Fage 4 may be hopped or attending physician.	IRECTOR: After this certificate has been sippled by the attending physician and conjugately filled in by the funiteral PRTP, cage 3 and for use as the bursal transit permit. Then place remains corbon papers. Pages 1 and 2 should be filled with 27 kinus after death not the filled may mental trygiene prior to bursal cremation, or remaind.  Here 21 is marked as them till shall cary mixing, or other trainmatic event, the medical trainmass makes regularized.	1
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REGISTRAR			4014111				REG. N	0.			
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3 SEX	4 RACE		5. DATE C		YE AR	6 AGE IIN	YEARS LAST BIR	THDAY)	MONTHS	DAYS	HOURS MIN.
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BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	NEVER	MARRIED -	9 BALTIM	ORE CITY O	R COUNT	Y OF DE	ATH	
Maryland	U.S.A		WIDOWE	D D	IVORCED 🗌	Wor	ceste	r			MC
Berlin	Rt.	HOSPITAL, NURSIN CH FACILITY, GIVE STREET 1, BOX 3	304	OR OTHER INS	TITUTION	TYPE OF WO	nccupations for most of mer/r	F WORKING	LIFE) INC	USTRY	stguar
	COROTHER INSTITUTION DUNTY	136 CITY OR TOW Berlin		13d INSIDE (			ADDRESS .	ZIP COL	3 <sup>E</sup> 04/	218	11
Emory	Lee	Aydelot	te	Bess	S MAIDEN NAM	NE .	MIDDLE		Т	imm	ons
160 WAS DECEASED EVER IN U.S	ARMED FORCES?	166 SOCIAL SECU	IRITY NO.	17 INFORM	ANT	3-1-1-1	ADDRE	SS	13		
Yes, no or unknown) (IF YES	WII	215-36-	-2309	Mary	land S	tate	Poli	.ce,	Ber	lin	, MD
Conditions, if any, which gave rise to immediate cause to stating the underlying cause last	DIATE CAUSE (0)  DUE TO, C  (b)  DUE TO, C  (c)(c)	SYMEO OR AS A CONSEQUE ANGIN OR AS A CONSEQUE	PE ENCE OF A ENCE OF		y DIJE+						MATE INTERVAL DNSET AND DEATH
PART 2 OTHER SIGNIFICAL		BETEI	PI E	NOT RELATED	TO THE TERMIN	NAL DISEA	SE OR CON	DITION G	IVEN IN	PART 11a	
190 DATE OF OPERATION  710 ACCIDENT WAS UNDERLYING	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFO	DRMED	20a AU1	NO P	IN CERT			GS USED OF DEATH? NO
710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O JE ETHER, NOTIFY MEDICAL EXAM	FDEATH HOUR A	OF INJURY  .M. MONTH DA  .M.  OF INJURY	AY YEAR	21c HOW IN	NJURY OCCURRE	ED (ENTER *	NATURE OF INJUI	RY IN ITEM 18	PART I OR	PART 2)	
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220 I certify that (I) (this h sow the deceased alive above, (I) (we) (did) (di				nd that in (my	, 19 <u>13</u> ) (aur) apinian de	eath occur	red on the do		our and t		
alfredo B.	. Veryan	dyus.	1	DEGREE 7.1).	ATTENDING PHYSICIAN	MEDICAL	L STAI		22	3 - 10	SIGNED 86
22d. PHYSICIAN'S NAME (T	YPE OR PRINT)		rult (cit)	22e ADDRE	SS					15 %	
Alfred B.	Fernand	ez, M.D.		0cea	n City			erli	in,	MD	21811
230 BURIAL, CREMATION, REMO					CREMATORY	23d LOC	rlin	Mos	COUN	11	MD
Burial 24 FUNERAL DIRECTOR	3/12		liams		emeter		REGISTRAR		rces		
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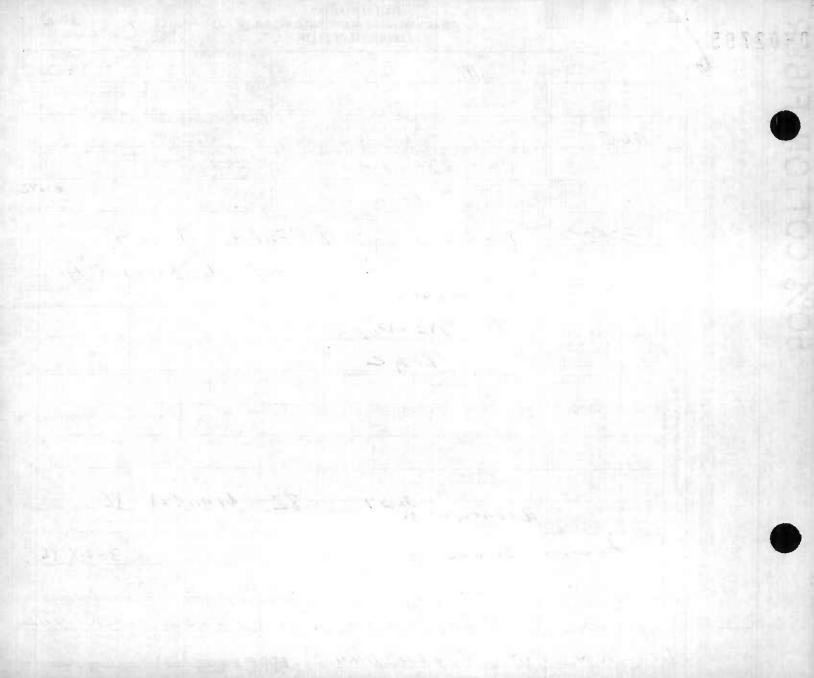
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE	0	0
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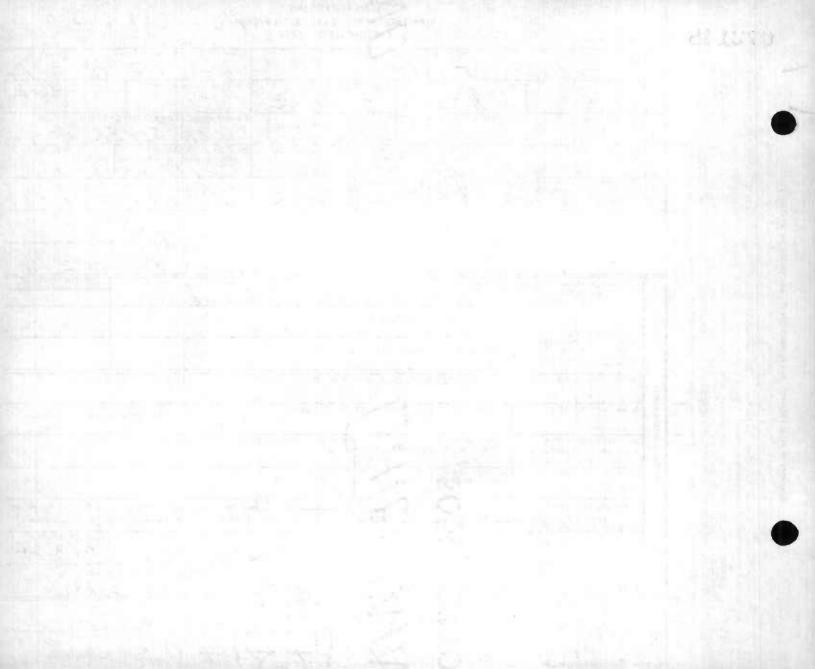
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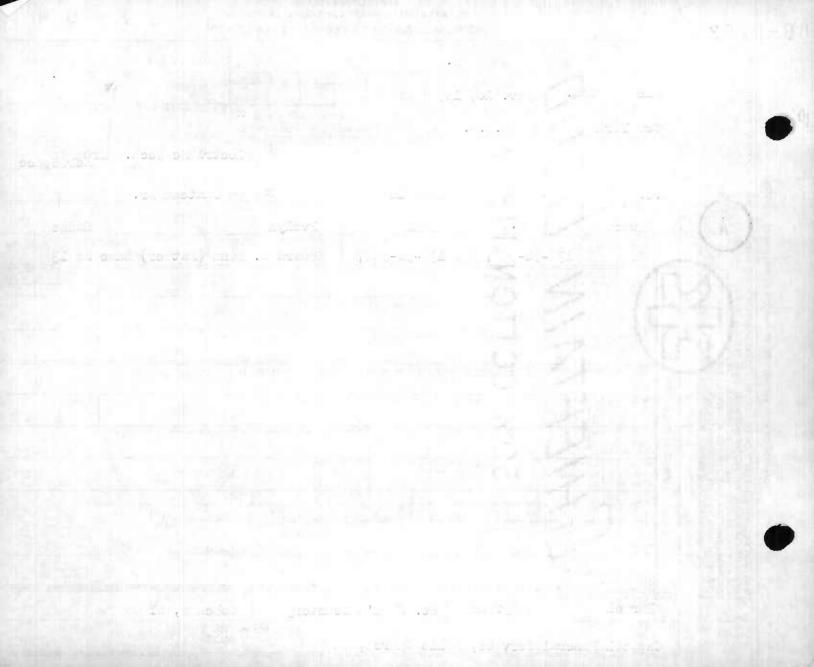


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,			CEASED NAME FIRST	WIDDLE	A D	LAST	20. DATE OF DEATH	MONTH DAY YE	EAR 2b. HOUR
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Do	oge 4 urs of		MHLE	WHITE	7	-14-32	53	YRS.	
	deoth. P.	Ci	RTHPLACE ISTATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT CO	OUNTRY? MARRI	D NEVER MARRIED DED DIVORCED	1 BALTIMORE CITY O	ESTER	TH MD
01	by the filled with	10 CI	BERLIU	11. NAME OF HOSPITA		OR OTHER INSTITUTION	128. USUAL OCCUPATION OF WORK FOR MOST OF		IND OF BUSINESS OR ISTRY
ND 21201	filled in 24 hour	130 S	AL RESIDENCE (IF NURSING HOME O STATE 136 COU		DENCE BEFORE ADMISSION Y OR TOWN  CREATING	13d. INSIDE CITY LIMITS? YES NO AS	13e STREET ADDRESS	CIAGE	Lp. 21811
BALTIMORE, MARYLAND cote be executed within 24 ysicion and completely fille opers. Pages I dod 2 should wol.  11, the medical examples rought	14 FA	THER'S NAME FIRST	MEDDLE DOM	JOVAN	15 MOTHER'S MAIDEN NA	ME SMIDDLE	14	LAST	
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PRESTON ST., BALT	ath certificate I ending physicia corbanpapers n, or removal. motic event, the			nly one cause per line far ( 10 BY: TE CAUSE (a) DUE TO, OR AS A C	25 fotic	Lung	Cancer	aer'	APPROXIMATE INTERVAL WEEN ONSET AND DEATH
≥	the deat d by the otter for remove c		Conditions, if ony, which gave rise to immediate cause [o1, stating the underlying cause lost	DUE TO, OR AS A C					
5,3	1	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBU	TING TO DEATH BU	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN IN PA	RT I(a)
DIVISION OF VITAL RECORDS, 301	Parent P	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FO	OR WHICH OPERATION	ON WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE F	USES OF DEATH?
ITA	## #### <del>*</del>	ER	218. ACCIDENT WAS UNDERLYING	7 216. TIME OF INJURY	Y	21c. HOW INJURY OCCUR	YES NO	YES D	NO [
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IVISION	ortendo untendo ter this of the bur	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJUI (AT HOME, STREET, FACTO		211. LOCATION STREET	CITY OF TON	ount	STATE
	FANDRA PER		22a I certify that (1) (this hasp	7-11	ed from 76	d that in (my) (our) apinion	death accurred on the de	2 10 84	, that (I) (we) last
	T d d d d d d d d d d d d d d d d d d d		saw the deceased alive on above, (IV(we) (did) and no 22b. SIONATURE	view the body after dec	oth.	DEGREE	death accorred an in an		DATE SIGNED
	At OR At Dis At Dis	(	Nil 5	bal		ATTENDING PHYSICIAN	MEDICAL STAF	F _ /	3-3-86
	HOSPIT Gred by Could be M. He Sh		PHYSICIAN'S NAME (TYPE OF	Coupell,	uns.	22e ADDRESS 1308	5. Divis	17 57	2/1
	5 5 5 5 3 3 A	23a B	URIAL, CREMATION, REMOVAL		,	EMETERY OR CREMATORY	123d LOCATION	0 7/8	0/
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$\Pi \Pi - \Pi$	2530		STATE REGISTRAR		MEI	DICAL E	XAMIN	ER'S C	ERTIFICATE O	FDEATH	REG.	NO.			
000	2000		CEASED NAME	FIRST		WIDDLE		l	AST		ATE KNOWN	MONTH	DAY	YEAR	26. HOUR
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DIVISION OF VITAL RECORDS,	HOULD BE EXECUTED WITHIN 24 HG RD "PENDING" IN PENCIL IN ITEM HIEF MEDIOLA EXAMINER ALONG USED AS A BURIAL, TRAINSIT PER OF HEAITH AND MENTAL HYGIEN IRIAL, CREMATION, OR REMOVAL.		PART 2 OTHER SIGNIFIC	ANT CONDITIONS	CONTRIBUTING 10 DEATH	BUT NOT RELAT	ED TO THE TERM	NAL DISEASE	DR CONDITION GIVEN IN PAI	T 1 (a)		- 1	11-7		
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RE	T GEAN BE	Ĕ	190. DATE OF OPE	RATION	196 CONDI	ION FOR V	VHICH OPER	ATION W	AS PERFORMED?				120 AI	UTOPSY?	
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9	TOWE THE		UNDERLYING C	_			DAY YEAR	ZIC HC	M INJURY OCCURRE	D (ENTER NATUR	E OF INJURY IN ITEM	18 PART 1 OR P	ART 2)		
NO	SE OSES	3	CONTRIBUTING		DEATH P.M	2-28	- 1986	Suk	ject drown	ned.					
/ISI	DED JOEPA	MEDICAL	21d. INJURY OCCU		21e PLACE	OF INJURY			CATION	6171	Y OR TOWN		OUNTY		STATE
No.	NATION OF THE COLOR	E	AT WORK AT	T WHILE	TA7	ater	C.)		h St.		cean Cit			ter.	MD
	INER: THIS CERTIFICATE SHOUD SIGATE, WRITING THE WORD "PE E FORWARDED TO THE CHIEF M. TOR: POS SHOULD BE USED A THE STATE DEPARTMENT OF HEALAND, 21201 PRIOR TO BURIAL, CAND, 21201 PRIOR TO B										TT CIC	-11	1000	CCI	
	A LOS HES	13	220 I certify the	at I took charg	e af the remains des		CAS.	Autaps	y . Inspection	ı L.J., In	iquiry L.,	and in my	apinian		
_	MEN PER		death resulted fro	m: A Natur	ral causes .	Accident	X, Sui	cide 🔲 ,	Hamicide	Undetermin	ned manner	].			
	AN SECTION		1000	h.	0	-			TITLE (SPECIFY)						
	##0#±×		ACTUAL SIGNATURE	MAIA	NA	X		M.	D. Assistan	E MEDICAL	FXAMINER	DATE	3-	-29-8	6
	DES 28 28	2	7	1	- 1	-					- EAPANII TER	3.01			
	#55588/		(TYPE OR PRINT)	E Ann	M. Dixon,	M.D.			ADDRESS 111	Penn St	t., Bal	to., 1	$\sqrt{D}$ 2	21201	A-200
-11-	TO MEDICAL EXAMINER: THIS C EXECUTE THE CERTIFICATE, WRIT PAGE 1 SHOUD BE FORWARD TO FUNERAL DIECTOR: PAGE 1 AFTER DEATH WITH THE STATE BAKTI ORE, MENTAND, 21201	72. 0	URIAL, CREMATION	DEMOVALIS	25 DATE	122, 14	AME OF CEA		R CREMATORY	23d LOCAT	ION				
GUG	100		Burial	, KEMOVAL Z	2 Apr 86					CITY OR TO	emia, N	v co	UNTY	ST	ATE
07.484	BP				PI 00	100	· JOIL	SU	emetery	DOUG	enite, N.	CICIDADIO	CICADATA	IDE	
1 ZSM	DHMH - 17		UNERAL DIRECTOR		ADDRESS				APP S	O THE STATE OF	STSTRAR 256 RE	MISTRAK'S	SIGNALL	JKE	
	(VR A15 ME (5))		Capitol Fu	uneral	Service,	Falls	Churc	h, W	A	- Warden	-0				

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U U -	0 2	103	1. DE	REGISTRAR CEASED NAME	CERTIFICATE OF DEATH  REG. NO.  MIDDLE LAST ZO. DATE OF DEATH MONTH DAY YEAR ZO. HOUR
In	y be	deoth	(TYPE	OR PRINT)	llip S. Finney Mar, 30,1986 M
(/	4 moy	ofter o	3. SE	Male	RACE S. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHOAY) UNDER I YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
	Pogo .	hours		OUNTRY)	b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTY OF DEATH
	deoth	Con thurst		rid.	1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 176 KIND OF BUSINESS OR
10	softer	optified with	1	comoke	(IF NOT IN SUCH FACILITY, GIVES TREET ADDRESS)  (IT YE OF WOR FOR MOST OF WORKING LIFE)  (IT YE OF WOR FOR MOST OF WORKING LIFE)  (IT YE OF WOR FOR MOST OF WORKING LIFE)  (IT YE OF WOR FOR MOST OF WORKING LIFE)
0 212	24 hour	1	USU/ 13a S		THER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Y 130 CITY OR TOWN 13d, INSIDE CITY LIMITS? 13e, STREET ADDRESS
YLAN	shin 2		14 F.A	THER'S NAME	ester locanake YES NOR P.O. B. 20 21851  15. MOTHER'S MAIDEN NAME  PIRST  MIDDLE  MIDLE  MIDDLE  MIDDLE  MIDDLE  MIDDLE  MIDLE  MIDDLE  MIDDLE  MIDDLE  MIDDLE  MIDDLE  MIDLE  MIDDLE  MIDDLE  MIDDLE  MIDDLE  MIDDLE
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MORE	e exec	Poge:			J. III 216-14.9342 Margaret Finney Pagamoke. Md.
BALT	cote b	hysicion popers. ovol. int, the		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	ane couse per line for (a), (b), and (c)  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ON ST.	n certif	ding plans or rem		IMMEDIATE	CAUSE (0)
RESTO	e deoth	move c notion, troume		Conditions, if any, which gove rise to immediate	1 (b) SOMACH (S (ADNO CARCINONS)
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DS, 20	quires	signed hen plee to burio ijury, or	N	PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101
ECOR	low re	s been prior s ony ir	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
ITALI	J. The	Cote ho	CERTIF	8 1907 210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
V 0 Z	SICIAN 19 ph)	buriol-tronsit Buriol-tronsit I Mentol Hygie or ten 18 sho	-	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH DAY YEAR P.M. 19
DIVISION	3 PHY	the he	MEDICA	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 211 LOCATION STREET CITY OR TOWN COUNTY STATE
0	NON TO TO	or After Use os t Heolth o is mork	1/4	220.1 certify that (this hospita	
	R ATTE hospite	bocked for bocked for Dept. of H Hem 21		saw the deceased alive above (1) we) (did) (did not) 22b. SIGNATUR	view the body after death.  DEGREE (our) opinion death occurred on the date and hour and from the couses stated
	TAL O	ERAL DI e detocl State De ANT: If th		John	MAN ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN D
	HOSPI bined b	ort he		22d. PHYSICTAN'S NAME (TYPE OR	with My 126 ADDRESS POWNERS MY.
	5 4	5 % ₹ ₹	23a P	DIAL, CREMATION, REMOVAL	236 DATE 231 NAME OF CEMETERY OR CREMATORY 230 DOCATION CITY OR TOWN COUNTY OF THE PROPERTY OF CREMATORY
	BP_	16 50M 4/82	24 FU	INTERAL DIRECTOR	17-5-86 III James Cem. 10 Comoke Wor. 110.
		A 15, 4)	Y	smeul D.	LLUAGE New Church Va APRUZ 1986 gune value - 1

My Santa - Santay M A LEGEL ME TO SELECT LINE South Little Committee The Control of the Co Marithander in device majores to the HALL ALTONOMIE TORO WILLIAM A LAND IN WHICH ELEVA water with the distribution Later to the second Ber 2029 (Cham) (March) of Bernard

	STATE OF MARY
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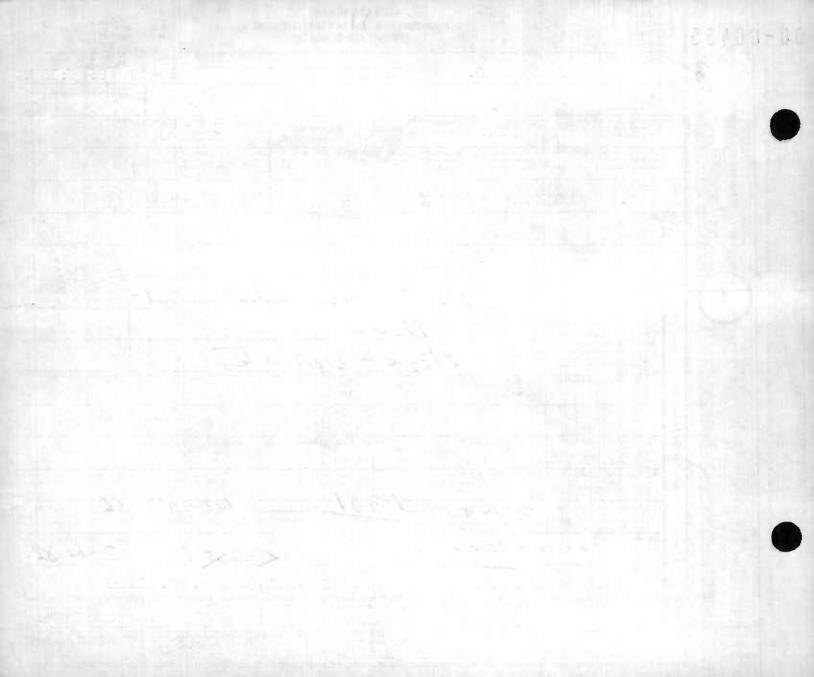
LAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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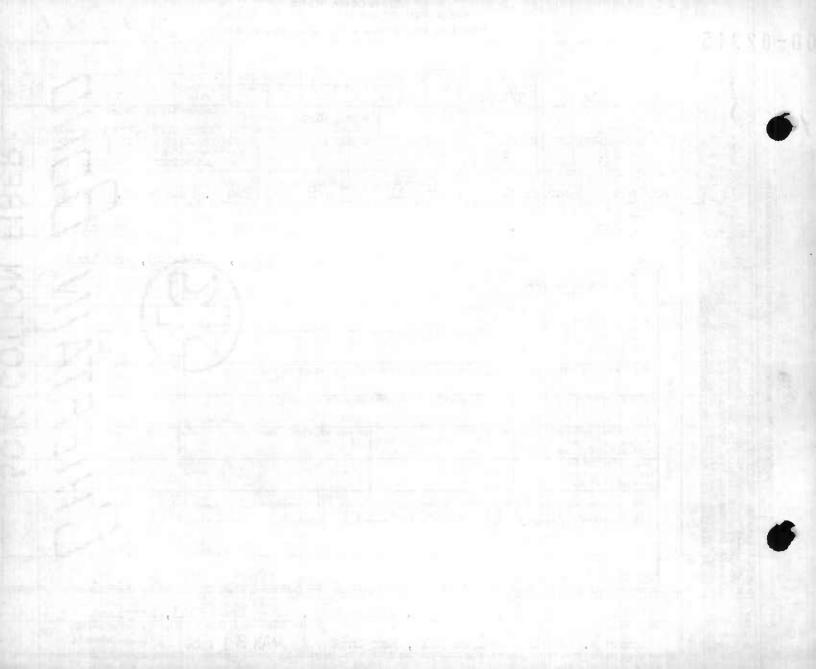
1	REGISTRAR			- CHILITANE	OI DEATH	REG. NO	O				
	(TYPE OR PRINT)	IRST	WIDDLE	LAST		20. DATE OF DEATH	HINOM	DAY	YEAR	26 HOUR	
	MA		В.	HAMMOND			3	14	86	6: 35	
Ġ	3. SEX	4 RACE	5	DATE OF BIRTH	DAY YEAR	6. AGE (IN YEARS LAST BIRT	(HDAY)	MONTHS	DATE	IF UNDER 24	MIN.
	FEMALE	WHI'		5 .	27 1893		YRS				
1	MARY LAND	IGN 76. CITIZEN OF	7	MARRIED   NE	VER MARRIED DIVORCED			Y OF DE	ATH		MD.
2	10 CITY OR TOWN OF DEATH BERLIN	BERCII	HOSPITAL, NURSING I	HOME OR OTHE	NOTITUTION	17a USUAL OCCUPATI TYPE OF WORK FOR MOST O HOUSEWIFT	F WORKING		KIND OI DUSTRY	F BUSINES	
2		ORCESTER	13c. CITY OF TOWN BERLIN	13d INS		6 WEST S	ZIP COU	DE Ó	1/8	7//	
1	14 FATHER'S NAME	WIDDLE	IAST	15. MO	HER'S MAIDEN N	MIDDLE			LAST		-
1	William	Elton	Bosto		ry	Ame]			Bu	rbag	e
1	160 WAS DECEASED EVER IN L	J.S. ARMED FORCES? FYES GIVE WAR OR DATES)	166 SOCIAL SECURIT		DRMANT	ADDRE					
/	NO		214-34-903	Ber	lin Nu	rsing Home,	_Be			MATE INTERVA	
		CANT CONDITIONS C	R AS A CONSEQUENCE	ATH BUT NOT RE		RMINAL DISEASE OR CONI	20b. IF YI	ES, WERE	FINDIN	GS USED OF DEATH?	>
	OR CONTRIBUTING CAUS  (IF EITHER NOTIFY MEDICALE  IF EITHER NOTIFY MEDICALE  21d. INJURY OCCURRED  AT WORK  27d. I certify that (1) (this  sow the deceased a  obove, (1) the () (did)  27b. SIGNATURE	ROFDEATH HOUR A XAMINER)  P  21e PLACE (AT HOME ST  s hospital)  white on (did not) view the body	M. MONTH DAY M. OF INJURY REET FACTORY OFFICE FARM The design of from Other deoth.	YEAR  19 2H LO  EEL Thot in  DEGREE	(my) (our) opinio ATTENDING PHYSICIAN DRESS	JRRED (ENTER NATURE OF INJUS  CITY OR TO  On death occurred on the do  MEDICAL STAF  DIRECTOR PHYSIC	wn he ond ho	19 8	am the c		) lost
	23. BURIAL, CREMATION, REA BURIAL 24 FUNERAL DIRECTOR W. Kirk Bur	3/16 10	/86 Buck	AE OF CEMETERY	OR CREMATORY	23d LOCATION CITY OR TOWN Berlin	Wor	coun	ter	MD IRE Panel	

DHMH - 16 60M 7/B4 (VRA 15, 4)

MPORTANT: If Hem 21 is morked or Hem, 8 show day injury, or oth



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWNY 26. HOUR (TYPE OR PRINT) OF ESTI-E FUNERAL DIRECTOR.
E 5 FOR YOUR FILES.
ED WITHIN 72 HOURS
I W. PRESTON STREET, DEATH MATED James Edward Harmon 25 19 86 S. DATE OF BIRTH 4 RACE 6. AGE UN YEARS IF UNDER TYR SEX IF UNDER 24 HRS DATE 2d HOUR LAST BIRTHDAY PRONOUNCED 9:30A 3/10/15 Male Black DEAD 1986 To BIRTHPLACE (STATE OR TE CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRY! USA Maryland WIDOWED [ DIVORCED Worcester County ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE) Laborer State of MD 304 W. Martin Street Snow Hill SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13ª STATE 13b COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Snow Hill 304 W. Martin St. Maryland Worcester 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST James E. Eleanora Harmon Turseall 16s. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT ADDRESS 218 10 0437 Mable Teagle, Salisbury, Maryland DIVISA 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH TON ST PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEAIN BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (6) CERTIFICATION USED V 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] NOX TO BUS 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY P.M. 21d INJURY OCCURRED 218 PLACE OF INJURY (AT HOME. 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE WHILE AT WORK 5 220. I certify that I took charge of the remains described above, held an and in my apinion death resulted fram: Natural causes Hamicide Undetermined manner TO MEDICAL EXAMI EXECUTE THE CERTIFI PAGE 4 SHOULD BE TO FUNERAL DIRECT AFTER DEATH, WITH BAUTLIMORE, MARYL TITLE (SPECIFY) ACTUAL 3/25/86 Assistant SIGNATURE EXAMINER'S NAME Gregory R. Kauffman, M.D. 111 Penn St. Balto.MD. (TYPE OR PRINT) ADDRESS 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE 3/29/86 Burial Mt. Wesley Meth. Snow Hill. Maryland 07/B4 BP MAR 3 1 1986 25M 24 FUNERAL DIRECTOR **DHMH** - 17 Snow Hill, Maryland Norman F. Dennis (VR A15 ME (5))



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I DECEASED NAME 20 DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) Hastings March 2, 1986 Norman Young 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) 5 DATE OF BIRTH IF UNDER I YEAR 1 0689x Male White 76 BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Maryland USA Worcester County WIDOWED DIVORCED [ NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION INDUSTRY Berlin Nursing Home Restaurant/Hotel Berlin 13d INSIDE CITY LIMITS?

10:45 am 3 SEX To BIRTHPLACE ISTATE OR FOREIGN ID CITY OR TOWN OF DEATH 126. KIND OF BUSINESS OR 13e STREET ADDRESS / ZIP CODE 321 N/ Main Street Worcester Berlin Maryland 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE Collins William James Hastings Mary 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS (IF YES GIVE WAR OR DATES) Berlin Nursing Home, Berlin, MD 214-34-7442 Yes Army 18 CAUSE OF DEATH (Enter only one couse per line for ta), (b), and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE IO Conditions, if ony, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO 710. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION AT HOME STREET, FACTORY OFFICE, FARM, ETC ) CITY OR TOWN COUNTY WHILE NOT WHILE 220 I certify that (I) (this hospital) attended the deceased from sow the deceased alive on and that in (my) (aur) apinion death accurred an the date and have and from the causes stated abave, (I) (we) (did) (did not) view the bady after death 22b. SIGNATUR DEGREE 22c DATE SIGNED MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OF PRINT Federico Arthes 3 Bay Street, Berlin, Md., 21811 230. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY

DHMH - 16 60M 7/84

(VRA 15, 4)

Burial

24 FUNERAL DIRECTOR 108 Williams St. W. "Kirk Burbage, Berlin, MD

3/5/86

Evergreen Cemetery 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Worcester

Berlin

MD

death

6

FOR STATE REGISTRAR	DEPARTMENT CEI
REGISTRAR	
	1 - FOR STATE REGISTRAR

## TATE OF MARYLAND OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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9

REGISTRAR		CERTIFICATE OF DEAT	REG. NO	0.	
DECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH	MONTH DAY YEAR	2b. HOUR
Marth	a Fi	Long		Marcch 9 86	8: 30 P
SEX	4_RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIR	THOAY) IF UNDER I YEAR	R IF UNDER 24 HRS
Female	White	MONTH DAY 41	AR 94	YRS. MONTHS DAYS	HOURS MIN.
BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	TRY? 8	9 BALTIMORE CITY O	R COUNTY OF DEATH	
Pennsylvania	USA	MARRIED NEVER MARRI			140
CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU	RSING HOME OF THER INSTITUTE	ON 120 USUAL OCCUPATE	ON 12b KIND	OF BUSINESS OR
Berlin	(IF NOT IN SUCH FACILITY, GIVES		(TYPE OF WORK FOR MOST O		1
SUAL RESIDENCE OF NURSING HOME	Berlin Nursi		Housewife		-
3a STATE 131. COI	- 7 4 January			ZIP CODE 2	1204
Maryland B	altimore Towso	YES NO	- Liboato	Court	1204
FIRST // 2	MIDDLE		MIDDLE		AST
SONN	CHIN	TRANG	ADDRE	ON	
(YES, NO OR UNKNOWN) (IF YES, O	ARMED FORCES? 166 SOCIALS	SECURITY NO 17 INFORMANT	ADDRE	2	
No	_ 179	03 1486 TK	0116	ERLIN.1	MD
18 CAUSE OF DEATH (Enter	only one cause per line far . ib	and (c)		APPRO BETWEEN	XIMATE INTERVAL N ONSET AND DEATH
PART I. DE ATH WAS CAUS	ATE CAUSE (a)	oncho pneu	MONIA		
		MIENICE OF - 1			
Conditions, if any, which	DUE TO, OR AS A CONS	14 0/ 15n	enst		
gove rise to immediate	(b)				-
cause (a), stating the	DUE TO, OR AS A CONSI	EQUENCE OF			
underlying cause last	(= (c)	CONTRACTOR DE LA CONTRA			1
PART 2 OTHER SIGNIFICAN	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE OR CON	DITION GIVEN IN PART	10
N N					
19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WE	HICH OPERATION WAS PERFORMED	200 AUTOPSY?	206 IF YES, WERE FIND	INGS USED
≝			YES T NOT	IN CERTIFYING CAUSE	S OF DEATH?
710. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	71r HOW IN IURY	OCCURRED (ENTER NATURE OF INJUR		
OR CONTRIBUTING CAUSE OF C		DAY YEAR	OCCORNED (ENTER NATURE OF INJUI	CTINITEM TO PART TORPART 21	
(IF EITHER NOTIFY MEDICAL EXAMIN		19			
214 INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET FACTORY OF	FICE FARM ETC ) 21f LOCATION STREET	CITY OR TO	wn COUNTY	STATE
WHILE NOT WHILE AT WORK		7 7-80	2 /	2 01	
22a.1 certify that (1) (this has	pital) attended the decremed fr	om		1906	, that (I) (we) lost
saw the deceased alive t	not view the body after death.	9, and that in (my) (aur)	apinion death accurred on the de	ate and haur and fram th	e causes stated
22b. SIGN ATURE	for, view the body offer geath.	DEGREE		22c DAT	ESIGNED
m	1am	7 ATTEN	DING MEDICAL STAF		10-81
224 PHYSICIAN'S NAME (TYPE	F OR PRINT	PHYSI 122e. ADDRESS	CIAN DIRECTOR PHYSIC	IAN L	
Federico					
redel 100 /	Ar thes	3 Bay S	treet, Berlin,	Md, 21811	
30 BURIAL, CREMATION, REMOVA	AL 236 DATE	23c. NAME OF CEMETERY OR CREM.	ATORY 23d LOCATION	4 COUNTY	On STATE
BURIHL	3-13-80	NOLY CROS	25 YEAM	N, DEL.	14
4 FUNERAL DIRECTOR		0	25a. DATE REC'D. BY REGISTRAR	256 REGISTRAR'S SIGNA	TUBENDA SE
MIPHINE EN	( ( No No ) ADDR	PEPIN MA	MAK 1 1 1986	- Containing	-10.00

DHMH - 16 60M 7/84 (VRA 15, 4)

TO HOSPITAL OR

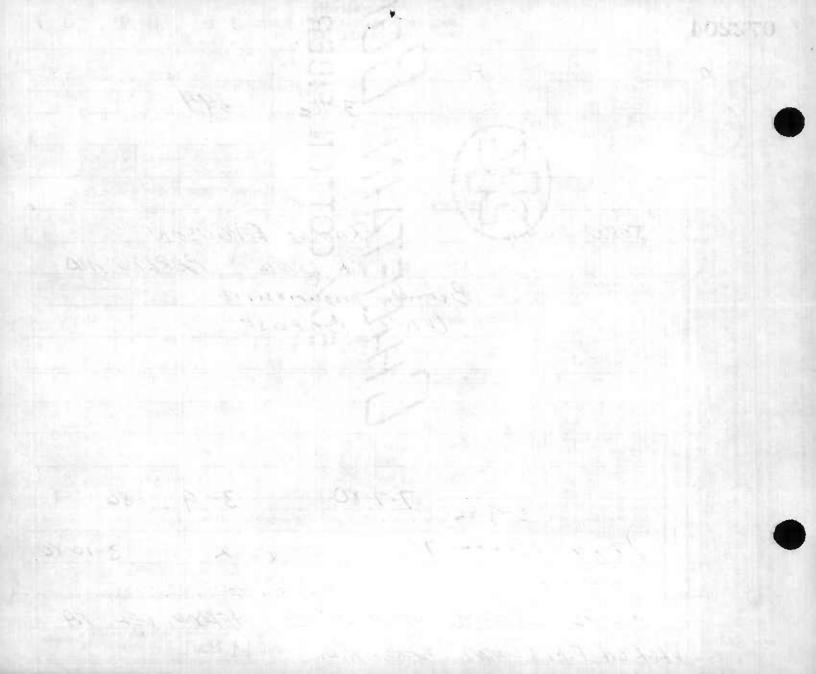
BP.

TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physiciam a should be detached for use as the burial-transit permit. Then please remove carbon-papers is with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

injury, or other traumatic event, th

MPORTANT. If them 21 is marked or them 11 the

F. N. (LXGAN) ADDRESS BERLIN.



108 Williams Street

21811

24 FUNERAL DIRECTOR

W. Kirk Burbage, Berlin, MD

DHMH - 16 60M 7/84

(VRA 15, 4)

Worcester

250 DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE

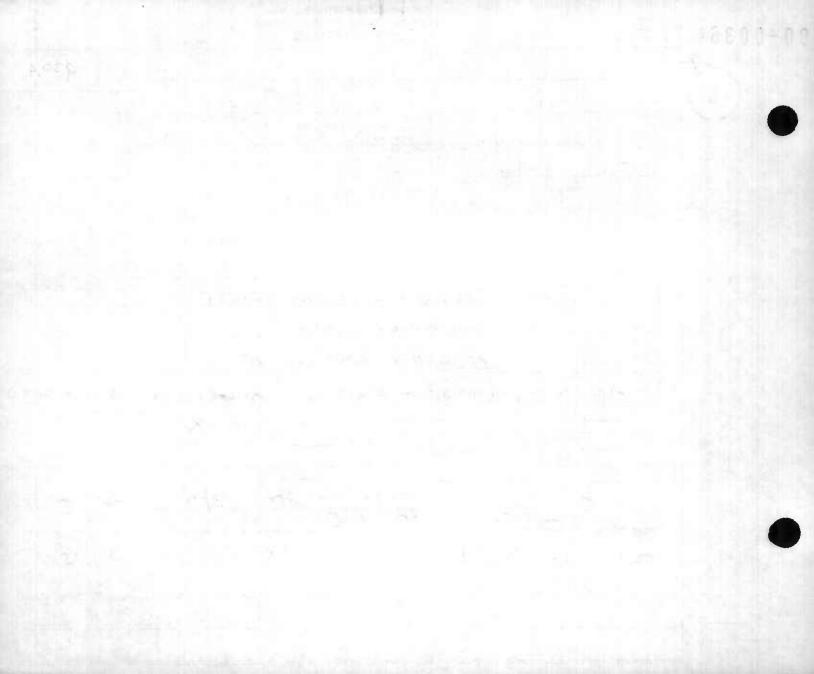
STATE OF MARYLAND	. ~		45
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	b	0	U

00-0158	3 6	FOR STATE REGISTRAR		D	EPARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENE 8 6	0 9	9 /	1 1
ay be age 3 death	Ī	DECEASED NAME	FIRST	MIDDLE	6	Pice 1	2a DATE OF DEATH	MONTH DAY	1.06	26 HOUR 10
ge 4 may ector, pag	3	Male	Fred 1.	Can casiar	5. DATE C		6 AGE (IN YEARS LAST 8	IRTHDAY) IF	UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
death. Pagenting houng to hou	7	SCOUNTRY) HILA	1d.	U.S. A	UNTRY? 8 MARRIEI WIDOWE		Morce:		F DEATH	MD
urs ofter de filed within		Snow Hill	1	HER INSTITUTION GIVE RESIDEN	OUSE OU	wong Home	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST Farme)	OF WORKING LIFE)	126 KIND OF INDUSTRY	BUSINESSOR
hin 24 hou shoeld be in shoeld be	5	130 STATE  Nary land  4 FATHER'S NAME	136 COUNTY	Y 13c CITY C	or town	13d INSIDE CITY LIMITS? YES NO	13. STREET ADDRESS	ZIP CODE	218	63
amplete	2	Sidney	MID	Pusey	AST	15. MOTHER'S MAIDEN NA FIRST MOLL	MIDDLE	E	vans	
e medico.		60 WAS DECEASED EVE (YES NO OR UNKNOWN) Yes	R IN U.S. ARME	VAR OR DATES)	62-1313	J. Richard	Pusey, Sno		Maryl	and
on poper emoval.		18 CAUSE OF DEA	TH (Enter only ) WAS CAUSED 6		Liopolmi	mary Arres	+		APPROXIM BETWEEN OF	NATE INTERVAL NSET AND DEATH
that the dent edit of the by the other many lease remove carbon ial, cremation, or remote or or other traumatic events.		Conditions, if on gove rise to in couse 101, stat underlying cous	nmediate ing the se lost	DUE TO, OR AS A COL	Sclente NSEQUENCE OF					
fow requires to be the person of the person	7	PART 2 OTHER SIC		196. CONDITION FOR		NOT RELATED TO THE TERM	204 AUTOPSY?	20b. IF YES, W		GS USED OF DEATH?
PHYSICIAN: The ending physician this certificate had burial-transit p d Mental Hygien d or them 18 show		OR CONTRIBUTING [IF EITHER NOTIFY MED 21d INJURY OCCUI	CAUSE OF DEATH DICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MON P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY	19	21c. HOW INJURY OCCUR 211 LOCATION SIREET	YES NO RED (ENTER NATURE OF INJ		OUNTY	NO STATE
(TTENDING pital or off TOR: After for use as the of Health or 21 is market		22a.1 certify that ( sow the decea	(this hospital)	ottended the deceased	1 from, on	d that in ( our ) opinion	, to		nd Irom the co	
SPITAL OR A l by the hos VERAL DIREC be detached e Stote Dept.	,	228. SIGNATURE	NAME (TYPE OF PE	prior)		ATTENDING PHYSICIAN P	MEDICAL STA	CIAN [	3/2/	186 186
TO HOSPITAL (retained by the TO FUNERAL Is should be detained with the State IMPORTANT; if	1	Robert	J. R.	dilly mo		R+3 Box Z		till, me	1. 218	63
BP	2	30 BURIAL, CREMATION (SPECIFY) Burial	I, REMOVAL	3/23/86		emetery or crematory	23d LOCATION CITY OR TOWN Snow H	ill, Ma	ryland	STATE
	12	4 FUNERAL DIRECTOR			•	850 Del	FRECA BY RECICTRA			

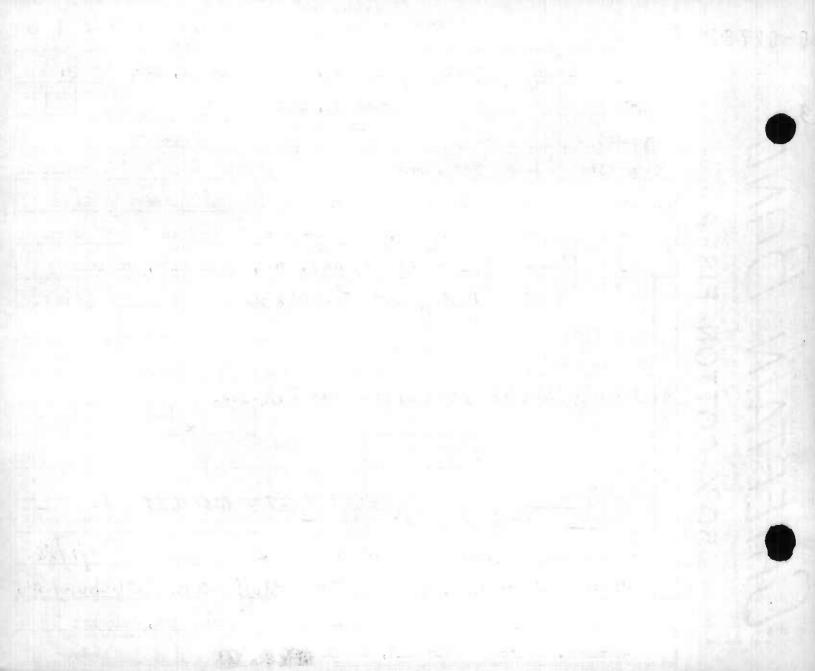
Snow Hill, Maryland

DHMH - 16 60M 7/B4 (VRA 15, 4)

Norman F. Dennis



		FOR		DEPA		E OF MARYLAND BEALTH AND MENTAL H	ACIENE (2)	4	O	0		1 7
2732	1.	STATE REGISTRAR		DLI A		ICATE OF DEATH	TOTELLE O	REG. NO.	U	7	1	3
			RST	MIDDLE		AST	2a. DATE OF		ONTH D	AY YE	AR 2b.	HOUR
poge 3 er death	{179	OR PRINT) Edv	vard (	Gerald	Ro	st Jr.	Marc	ch 30,	1986		3:	30 A <sub>M</sub>
r. po	3. SE	X	4 RACE		5. DATE (	DAY YEAR	6. AGE (INY	EARS LAST BIRTH		FUNDER T		UNDER 24 HRS
25.0		Male	White	Э	Janu	ary 16, 1900	8	36	YRS.		213	MIN.
2 19 L		RTHPLACE (STATE OR FOREN	GN 76 CITIZEN OF	WHAT COUNT	RY? 8.	DXX NEVER MARRIED	9 BALTIMO	RE CITY OR	COUNTY	OF DEAT	Н	
		aryland	USA	-	WIDOW	D DNORCED			ester			MD.
The Carlo	(	cean City	306 2	26th St	reet address)	OR OTHER INSTITUTION	(TYPE OF WOR	occupatio k for most of v tricia:	WORKING LIFE	INDUS	TRY	ISINESS OR ruction
and be	13a :		nome or other institution COUNTY Vorcester	134. CITY OR T	OWN	13d. INSIDE CITY LIMITS?	130. STREET	ADDRESS 26th S	treet	/	2184	+2
Le V		THER'S NAME		1.00		15. MOTHER'S MAIDEN						
X BO		Edward	Gerald	Rost	Sr.	Americ	a V:	irginia	a	Mi:	1bou	rne
medicol /		VAS DECEASED EVER IN L	J.S. ARMED FORCES?	166 SOCIALS	ECURITY NO.	17. INFORMANT	1.182	ADDRES	S			
. Poges	,	No		215 05	0136	Lola M. Ro	st, Oce	ean Ci	ty, Ma	aryla	and	11
ose remove corbonpopo 1, cremotion, or removol other troumotic event, t		18 CAUSE OF DEATH (E PART I. DEATH WAS ( IMA Canditions, if ony, wh gave rise to immedi couse (a), stating underlying cause (i	DUE TO, C	OR AS A CONSE	QUENCE OF	Lympho	ma.			BETV	1 63	INTERVAL I AND DEATH
Then ple to burio njury, or	NO	0	CANT CONDITIONS C	ONTRIBUTING	1 11	NOT RELATED TO THE TE	RMINAL DISEAS	E OR CONDI	TION GIVE	N IN PAR	RT 1(o)	
ene prior	CERTIFICATION	19a DATE OF OPERATION		ITION FOR WH		N WAS PERFORMED	200 AUTO	DPSY?	20b. IF YES, IN CERTIFY YES	ING CAL	JSES OF I	USED DEATH?
Hygier Hygier	H.	210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE		OF INJURY	DAY YEAR	21c. HOW INJURY OCC	URRED (ENTER NA	TURE OF INJURY	IN ITEM TB, PA	RT I OR PAR	T 2)	
He w	CAL	(IF EITHER NOTIFY MEDICALE	COPDEATH	,M,	19						200	
edor	MEDICAL	21d INJURY OCCURRED  WHILE AT WORK ON HOT WHILE AT WORK	LAT HOME ST	OF INJURY	ICE, FARM, ETC.)	211 LOCATION STREET	1	CITY OR TOWN	7	COUNT	٧	STATE
morked		22a   certify that (I) (this		he deceased fra	m Me	y 9 10 6	7 10 M	ouch.	25 1	. 80	that	III (ma) last
of He 21 is		saw the deceased a	live on	14 1	985-,0	na that in (my) () opinio	on death accurre	d an the dote	e and hour	ond from	the caus	es stated
tem tem		226. SIGNATURE	Uld Harry Heart Harry	orier death.		DEGREE				22c. D	ATE SIGN	VID
Tr. H		More	as C. H	2000n	. 1	1. D ATTENDING	MEDICAL DIRECTOR	STAFF  PHYSICIA	N		4/1	186
5 4		224 PHYSICIAN'S NAME	(TYPE OR PRINT)	0		22e. ADDRESS	0.4	7 ,		1	1-1	,
with the State		THOMAS	C. Hil	LLJR	,	live 6	Stuff 8	locad.	30	(15	SUR	y. Md
v 3 <u>₹</u>	23a. E	SURIAL, CREMATION, REM			3 NAME OF	EMETERY OR CREMATOR	Y 231 LOCA	ATION OR TOWN		COUNTY		STATE
		Burial	4/2/	86	Pre	sbyterian	000	ean Vi		elaw		JINIE
30M 2/80	24 F	NAME NAME	17 48, 100	ADDRE	55	25a. D	ATE REC'D. BY R	EGISTRAR 25	b. REGISTR	AR'S SIG	NATURE	
15, 4)		Norman F	. Dennis	Snow	Hill,	Marylan	18 _ 1006	della	Karista	-23	ndelle	



FOR DEPARTME

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE S CERTIFICATE OF DEATH

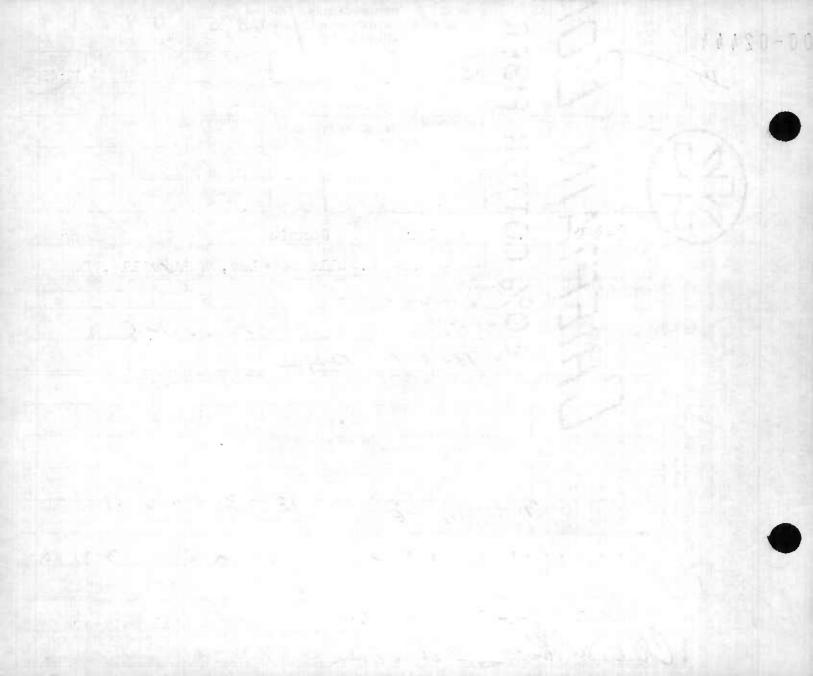
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09/14

Gulia Davidson Rande 12

1	REGISTRAR		Centra	ichic oi i	, chill	REG. N	10.			
1	DECEASED NAME FIRST	MIDDLE	i.	AST		20 DATE OF DEATH	MONIH	DAY	YEAR	26 HOUR
1	Elmer	Donald	SIMP	LER			3	31	86	12:45Pm
1	3. SEX	RACE	S. DATE C		YE AR	6. AGE (IN YEARS LAST BI	RIHDAY)	IF UND	ER 1 YEAR	IF UNDER 24 HRS
1	MALE	WHITE	9	13	06	79	YRS.		02.5	MIN.
A	JE BIRTHPLACE THE E OR FOREIGN 76	CITIZEN OF WHAT COUNTE	RY? 8	D NEVER		9 BALTIMORE CITY	OR COUN	TY OF DE	ATH	
4	DELAWARE	USA	WIDOWE		NORCED	WORCEST	TER			MD
1	V I I I I I I I I I I I I I I I I I I I	F. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STI		OR OTHER INS	TITUTION	120 USUAL OCCUPAT			KIND O	F BUSINESS OR
1	BERLIN	BERLIN NURS	ING HOM	E		COTTAGE RE				
1	USUAL RESIDENCE OF NURSING HERE OF OF THE COUNTY			1136 INSIDE C	ITY LIMITS?	13e STREET ADDRESS	/ ZIP CO	DE	90	4499
4	DELAWARE SUSS	EX SELEV	VILLE_	YES 🗌	NO 🗌	RT. 1 BOX	286		1 1	9975
1	Victor ME	DDLE LAST			S MAIDEN NA	MIDDLE			LAS	57
	ÀTG COT	E. Simp	ler		Jennie				L	ong
1	160 WAS DECEASED EVER IN U.S. ARME (YES, NO OR UNKNOWN) (IF YES, GIVE W		ECURITY NO.	17 INFORMA		ADDR				
	NO.	221 22	0907	5. ET	La Sin	pler, Se	Tpha			DE
1	18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	PV ///							BETWEEN	MATE INTERVAL ONSET AND DEATH
1	IMMEDIATE	11 12 1	MON	P -						
		DUE TO, OR AS A GONGE		. 6	7	11	1	, 0		
١	Canditions, if any, which	(b) Ch	120N,	LD	nori	1 ymo	corv	24		
١	cause (a), stating the underlying cause lost.	DUE TO, OR AS A COMPE	OVENCEOF	n	- 0	Vsymo				
		(c)								
1	PART 2 OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR COM	ADITION G	SIVEN IN	PART In	0
,	190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	Tigh CONDITION FOR WH	ICH OPERATIO	N WAS PERFO	DRMED	200 AUTOPSY?	20b. IF Y	ES. WER	E FINDI	NGS USED
	36					YES T NOT	IN CERT			OF DEATH?
	71a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		21c. HOW IN	JURY OCCUR	RED (ENTER NATURE OF INJ			R PART 21	NO []
f	OR CONTRIBUTING TO CAUSE OF DEATH									
	21d. INJURY OCCURRED	P.M. ZIE PLACE OF INJURY	19	211 LOCATI	ON					
	NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFF	ICE, FARM, ETC.)	STREE		City OR 1	NWC	CC	VIANO	STATE
ij	22a.1 certify that (1) (this hospital	Atended the deceased fro	501	much	19. 8.3	10316	111/12	619	6	that (1) (we) lost
	saw the deceased alive an_	1		nd that in (my	(aur) apinion	death occurred on the c	date and he	our and f	ram the	causes stated
	gbave, (1) (we) (did) (did nat)	view the body after death.		DEGREE				27	t. DATE	SIGNED
	1 mm	any	Lin	>	ATTENDING PHYSICIAN	MEDICAL STA	CIAN [		3-	31-88
	224. PHYSICIAN'S NAME (TYPE ORP	RINTI		22e ADDRES						
	DR. FEDERICO	ARTHES		3 BAY	ST., B	ERLIN, MD	2181	1		
	236 BURIAL, CREMATION, REMOVAL	1 0 0	Jr. NAME OF C		CREMATORY	23d LOCATION				
	(SPECIFY) Burial	4-4-86	Arlin	gton		Drexel	Hill	De	lawa	are PA
	H. FLYNING SHEGGOR 1 / N	10 -	00 1	001	250 DAT	E REC'D. BY REGISTRAL	R 256 REGI			

DHMH - 16 60M 7/84 (VRA 15, 4)



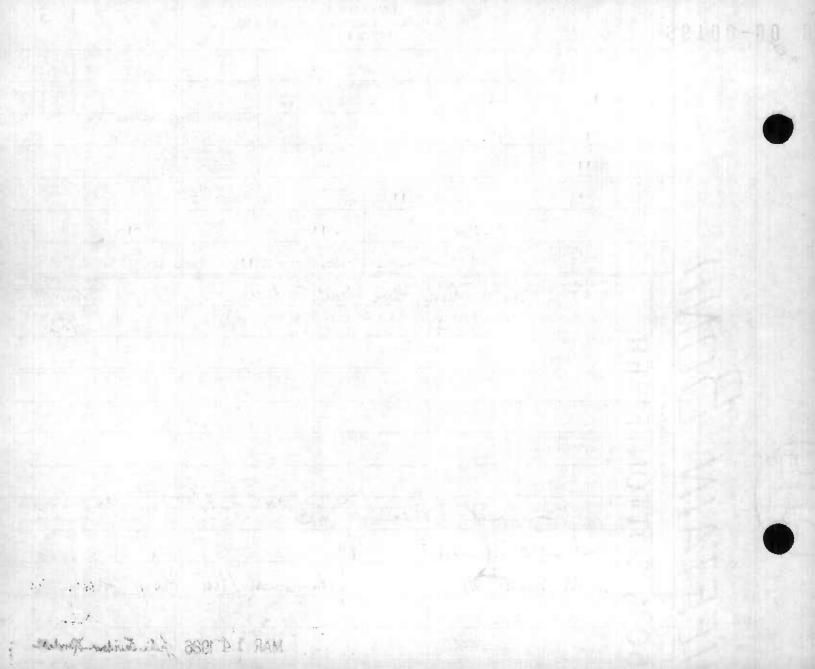
00-0019	61	FOR STATE REGISTRAR	DEPAI	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENS 6 0 9	115
E		CEASED NAME FIRST	WIDDLE	LAST		AY YEAR 2b. HOUR
noy be	,,,,,,	GRACE	R.	SNOUFFER	2 2	8 86 10:15 <sup>A</sup>
ge 4 r	3 SE	x Female	White	5. DATE OF BIRTH MONTH DAY YEAR 3 20 11		IF UNDER LYEAR IF UNDER 24 HRS ONTHS DAYS HOURS MIN
2 hours	Jo B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR		9 BALTIMORE CITY OR COUNTY	OF DEATH
death.		Maryland	U.S.	WIDOWED X DIVORCED	Worcester Coun	ty Mc
d the t	) 10 0	Snow Hill	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STR Route 2	SING HOME OR OTHER INSTITUTION EET ADDRESS)	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Homemaker	12b. KIND OF BUSINESS OR
thin 24 hours ely filled in by School be file her must be necessary	130	AL RESIDENCE (IF NURSING HOME O STATE 136 COU		DWN 1134 INSIDE CITY LIMITS?	Route 2	1863
MARYL Sed within		ather's Name Steven	Scribner LAST	Mol J. FIRST	MIDDLE	ark
BALTIMORE, one be executioned as sicion and as oppers. Pages 1 val.		WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 166 SOCIAL SE 218-03		ADDRESS Selly Same as #1	3
ST., BAL			nly ane cause per line logical, (b), ED BY: TE CAUSE (o)	exteris Heart Fauli	w	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Bandan Haran		Conditions, if any, which	DUE TO, OR AS A CONSE	UENOS OF		YRS
3 5 5174		gave rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEC	DUENCE OF		
RDS, 201 equires the signed Then pleate to buria	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIVE	N IN PART 1(a)
he law requirence on. bos been significant. There ene prior to be owned in the constant of the	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHIC	CH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES, IN CERTIFY YES NO YES	WERE FINDINGS USED ING CAUSES OF DEATH?
ON OF VITA HYSICIAN: T ding physici sis certificate buriol-transi Mental Hygis		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH	DAY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18 PAR	
d d d d d d d d	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	211 LOCATION	CITY OR TOWN	COUNTY STATE
Do V so E			ital) attended/the deceased from	1/20 19 86		86 , that (I) (Pp) last
RECTOR: hed for us tem 21 is			y view the bady after death.		death occurred on the dote and haur o	
0 0 0 0 0		22b. SIGNATURE	ld UL- Cup	DEGREE ATTENDING PHYSICIAN I	MEDICAL STAFF DIRECTOR PHYSICIAN	2/6/86
TO HOSPITAL etained by the TO FUNERAL should be detained by with the State with the MAPORTANT: I		22d PHYSICIAN'S NAME (TYPE C	JOD, M)	22e ADDRESS	, N. //	Laterbuy Mes
	23a. I	BURIAL, CREMATION, REMOVAL		C NAME OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY STATE
BP		Removal	2/28/86	6		The same

DHMH - 16 50M 1/B1 (VRA 15, 4)

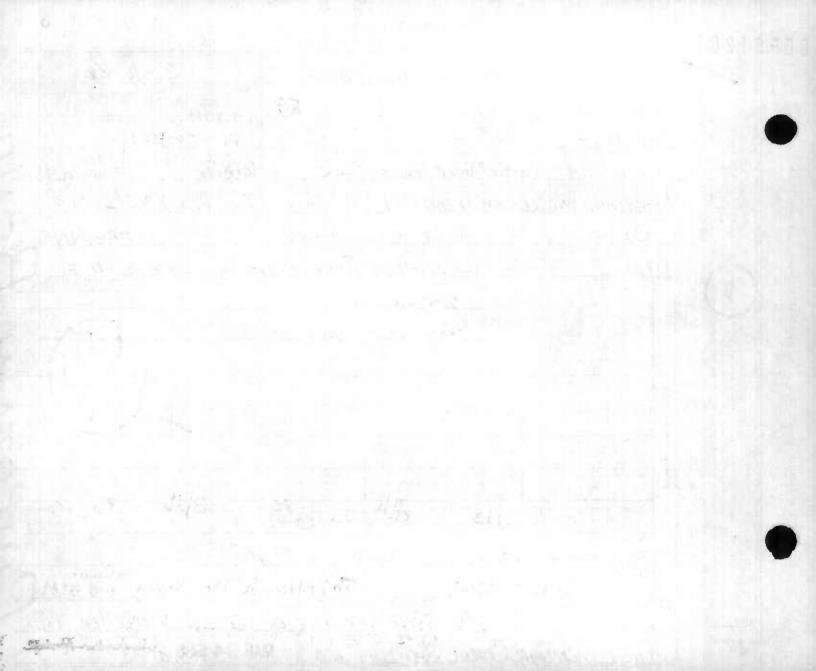
24 FUNERAL DIRECTOR

NAME

Anatomy Board Balto., Md.



	1.	FOR STATE	DE	STATE OF MARYLAND PARTMENT OF HEALTH AND MENTAL H	IYGIENES &	9716
-01201		REGISTRAR EASED NAME FIRST	MIDDLE	CERTIFICATE OF DEATH	REG. NO.	H DAY YEAR 25. HOUR
1 35 10		PRINT) FANNIE	11	WILLIAMS	3	16 86
s other o	1.5E	FEMALE	1. RACE NECEN	S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
1 11 83	7a. B	RTHPLACE (STATE OR FOREIGN FOUNTRY)	76. CITIZEN OF WHAT COU	NTRY? 8.  MARRIED NEVER MARRIED NIVORCED I	BALTIMORE CITY OR CO	
4 4 00	10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N		12a USUAL OCCUPATION  TYPE PF WORK FOR MOST OF WORL	James A. A. A.
Paris Paris	USU.	AL RESIDENCE (IF NURSING HOME OF	R OTHER INSTITUTION, GIVE RESIDENCE NTY 13A, CITY O	E BEFORE ADMISSION) R TOWN 13d. INSIDE CITY LIMITS!	P I STREET ADDRESS	1 / DIGHT
	14 FA	HRYLAND WOR	CESTER LUCEA	NCITY YES NO SI 15. MOTHER'S MAIDEN		36/21842
1 KG0		JAMES	MODE	E. SR. MARY	MIDDLE	HAGGINS
1		VAS DECEASED EVER IN U.S. AR YES NO OR UNKNOWN) (IF YES, GIV	RMED FORCES? 166. SOCIA IVE WAR OR DATES) 222-	18-9169 JAMES MC	OORE, JR. SAM	E AS Above
( )		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	FD BY	(b), ond (c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
9 9 9 y		IMMEDIA	DUE TO, OR AS A CON			
he deo morror		Conditions, if ony, which gave rise to immediate cause (a), stating the		ed o caresmore		Juno.
that the by the control of control or control		underlying cause last.	DUE TO, OR AS A CON	SEQUENCE OF		
signe hen p to bur qury, c	NO	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION	IG TO DEATH BUT NOT RELATED TO THE TE	erminal disease or conditio	N GIVEN IN PART 1(a)
on been	CERTIFICATION	90. DATE OF OPERATION	196. CONDITION FOR V	WHICH OPERATION WAS PERFORMED	_ INC	IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH?
No see see	CERT	710. ACCIDENT WAS UNDERLYING		H DAY YEAR	VES NO WITH URRED (ENTER NATURE OF INJURY IN IT	YES NO NO MIB. PART 1 OR PART 2)
SKCIA no pl certif tento	EDICAL	OR CONTRIBUTING CAUSE OF DE.  (IF EITHER NOTIFY MEDICAL EXAMINE)  71d. INJURY OCCURRED	R) P.M.	19		
EB 245 B	12	WHILE NOT WHILE	21e. PLACE OF INJURY	OFFICE, FARM, ETC.)  21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
0 to 1 to 1 to 1	5	ALWORK ALWORK				
NDNG 9 of or other R. After t use or the results on it morked	8	220.1 certify that (1) this hospi	113	from 19 8	5 10 3/16	, 19, that (1) (we) last
ATENDING 9 Inspiral or other ECTOR, after 1 and of health on	N	220. I certify that (1) this hosp saw the deceased olive an abave, (1) (we) (did) (did no	113	_19_Co. and that in (my) (our apini	. 10	d have and from the causes stated
OR ATENDANG OR ATENDANG ORECTOR: After ached for use or t Dept. of health or	" /	22a. I certify that this hospi	n	DEGREE ATTENDING	an death accurred an the date an	22c. DATE SIGNED
OSPITAL OR ATTENDING to out by the hospital or out to the bospital or out to the best of the state of the data of the state of the stat	N /	22a. I certify that (1) (this hosp saw the deceased olive an abave, (1) (we) (did) (did no 22b. SIGNATURE	at) view the body after death.	DEGREE  ATTENDING PHYSICIAN  220. ADDRESS	on death occurred an the date on	27c. DATE SIGNED
D HOSPITAL OR ATTENDING to need by the hospital or out O FUNERAL DIRECTOR, After hould be deteched for one or in the State Digit. of Health or APORTANT. If hem 21 is marke	N /	220. I certify that (I) this hosp saw the deceased alive an abave, (I) (we) (did) (did no 226. SIGNATURE 220. PHYLICIAN'S NAME (TYPE O	ot) view the body after death.  A daww  OR PRINT)  THE A WW	DEGREE  ATTENDING PHYSICIAN  220. ADDRESS	on death occurred on the date on STAFF  DIRECTOR PHYSICIAN [	d haur and from the causes stated  22c. DATE SIGNED
D HOSPITAL OR ATTENDING formed by the hospital or out O FUNERAL DIRECTOR, when hould be detected for one or in the State Dept. of Health or APORTANT. If hem 21 is market	23a. E	22a. I certify that (I) this hosp saw the deceased alive an abave, (I) (we) (did) (did no 22b. SIGNATURE	ot) view the body after death.  A daww  OR PRINT)  THE A WW	DEGREE ATTENDING PHYSICIAN  220. ADDRESS  50 DRIVEN  233C. NAME OF CEMETERY OR CREMATOR  TYPEE AME CEMETER	on death occurred an the date on STAFF DIRECTOR PHYSICIAN [	A had at to l  ORCESTER NATIO



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	,	STATE OF MARYLAND  FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 6 () 9 7 1 7											
-02443		REGISTRAR	-	CERTIFICATE OF DEATH REG. NO.									
. n= 0	111000	CEASEP NAME	FIRST	MIDDLE LAST					20 DATE OF DEATH	MONTH	DAY YEAR	2 h	HOUR
4 44	Ollie			Franklin			Webb				80 8		М
1 64	Male TE BIRTHPLACE (STATE OR FOREIGN			4 RACE	MONTH	5 DATE OF BIRTH MONTH DAY YEAR		6 AGE (IN YEARS LAST BE	RTHDAY)	MONTHS DA		JRS MIN.	
age and a				Cauca		12 04 1912		9 BALTIMORE CITY OR COUNTY OF DEATH					
1 TH 85	1.3	COUNTRY			WHAT COUNTRY?	MARRIED NEVER MARRIED		Worcester					
1 1 2 2	Maryland HECHYORTOWN OF DEATH			U.S.A.  11. NAME OF HOSPITAL, NURSING					120 USUAL OCCUPATION 126 KIND OF BUSINESS OR				
1 200	Berlin			(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Route 3, Box 532					retired crane operator				
1 30 4	USU.	AL RESIDENCE (IF NURSII	IS HOME OF	OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)  NTY 136. CITY OR TOWN 1136 INSIDE CITY LIMITS?					13+ STREET ADDRESS / ZIP CODE				
1 1 30	Frank Th			cester	n YES NO K		Rt. 3, Box 532/21			181	811		
もいかかり				AIDDLE				MIDDLE		(ASI			
1 DXDC				omas	Webk		Bell		Ameli		Carey		
Puges Puges	160 WAS DECEASED EVER IN U.S. (1955 NO OR UNKNOWN) (IF YES WW			WAR OR DATES)	212-18-		Stel		ob, Berli		21	811	
ICLANCE The law requires that the death certificate a physician sertificate has been uponed by the antending physicial frame. Then physic remove carbon paper and thygeres prior to burial compation or improved eartiful from any intury, or other traumatic event, the	NC	18 CAUSE OF DEATH (Enter only one couse per live for (a), (b), and (c) PART I, DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  LUMINA SMULL (LLL LIMING CHIME)  METWEEN ONSELAND DEATH											NTERVAL AND DEATH
		Conditions, if ony, which gave rise to immediate cause (a.), stating the underlying cause last  DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF											
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0											
	TIFICATION	90 DATE OF OPERATION		196 CONDITION FOR WHICH OPERATIO			N WAS PERFORMED		200 AUTOPSY? 200. IF YES, WERE FINDING IN CERTIFYING CAUSES OF YES YES			SES OF D	JSED DEATH?
	CAL CERT	210. ACCIDENT WAS UNDERLYING 210. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR 19 19 19							ED (ENTER NATURE OF INJI	JRY IN ITEM 18 P	ART I OR PART	2)	
offer this ordered and M	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK AT WORK				INJURY T, FACTORY, OFFICE, FARM: ETC.)		ON	CITY OR TOWN		COUNTY	COUNTY STATE	
O HOSPITAL CASTENDIA remed by the hospital or O FUNERAL DIRECTOR, A hould be detected for use in the Store Digit. of Health APORTANT, if then 21 is me.	1	270.1 certify that (1) (this hospital) attended the deceased fram											
		DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR P										FG	
		Joseph A. Grasso, M.D. 1300 S. Division St., Salisbury, MD											, MD
BP BP		URIAL, CREMATION, R	EMOVAL	23h DATE 4/2/8				crematory	23d LOCATION CITY OR TOWN Pk Berlin	WOI	county	er	MD.
DHMH - 16 60M 7/84	24 FU	JNERAL DIRECTOR	n who	10	8 Willia	ams S	Street	250 DATE	RO3 1986	R 256 REGIST		VATURE	
(VRA 15, 4)		V. Kirk B	urna	ye, Be	rlin, M	U 2.	1811	71	11 00 1300	17	- Contraction		

